



OEF/OIF VETERANS WELCOME HOME CELEBRATION Saturday, May 30, 2009

REGISTRATION FORM

Last Name: _____ First Name _____

Last 4 Numbers of SSN _____ Birth Date ____/____/____ Male ____ Female ____

Home Phone _____ Cell Phone _____

Address _____ City _____

State _____ Zip Code _____ Marital Status: Single ____ Married ____ Other ____

E-mail Address: _____

Emergency Contact: Name _____ Relationship _____ Phone _____

Military Branch: _____ Dates of Service: _____

Army ____ Navy ____ Air Force ____ Month ____ Year ____ TO Month ____ Year ____

Marine Corps ____ Coast Guard ____ OEF Veteran ____ OIF Veteran ____

National Guard ____ Reserve ____

Are you Enrolled in The VA Healthcare System? Yes ____ No ____

VA Medical Center Where You Receive Healthcare? _____

SERVICES AVAILABLE AT THE WELCOME HOME CELEBRATION:

Please Check All The Services That Interest You:

____ The Vet Center/ Readjustment Services

____ Unemployment Benefits

____ Employment Services

____ Starting Your Own Business

____ Health Care Services/Enrollment

____ Veterans Benefits

____ Women's Health

____ Veterans Service Organizations

____ Education Services

Do you want your name listed on the **Wall of Valor**? YES ____ NO ____

Indicate Number of People Attending: Veterans ____ Guests ____ Children ____

*Information contained in this form is voluntarily provided and will be used solely by the
St. Louis VA Medical Center's OEF/OIF Program and Welcome Home Committee.*

Please mail or fax your completed form to:

Gregory Campbell, OEF/OIF Program Manager
St. Louis VA Medical Center
915 North Grand Blvd.
St. Louis, MO 63106-1621

FAX: 314-289-7999
PHONE: 314-289-7641